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66569	7590 02/02	/2007			****					
FITZPATRICK CELLA (AMEX) 30 ROCKEFELLER PLAZA NEW YORK, NY 10112						I hereby certify that this Fee(s) Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (371) 273-2883, on the date indicated below.				
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APPLICATION NO. FILING DATE			FIRST NAMED INVE				ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/711,970	Peter D. Saunder	s			60655.6400	5969				
TITLE OF INVENTION:	SYSTEM AND METH	IOD F	OR REMOTELY I	NITIALIZING A RF	TRA	NSACTION				
APPLN, TYPE	SMALL ENTITY		SUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	NO \$14		\$300		\$0		\$1700	05/02/2007	
EXAMINER			ART UNIT	CLASS-SUBCLASS						
LE, DAN	2617	455-411000								
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Fitzpatrick, Ce								ick, Cella,		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively, (2) the name of a single firm (having as a member a						
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customet Number is required.				(2) the name of a single rimit univing as a medioner a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.						
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE; (CITY and STATE OR COUNTRY)										
American Express Travel Related Services Company, Inc. New York, New York										
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🕮 Corporation or other private group entity 🔲 Government										
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above □ I saue Fee □ A check is enclosed.									shown above)	
						d. Form PTO-2038	is atta	ched.		
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									he assignee or other party is	
interest as shown by the re-	cords of the United Sta	tes Pat	ent and Trademark	Office.						
Authorized Signature _			Date							
Typed or printed name					Registration N					
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